The women-folk often are left behind and in the great cities there is a marked disparity in the proportion of the sexes. In 1931 there were 475 women to every 1,000 men in Calcutta and its suburbs; in Bombay 553 and Gawnpore 698. But the figures are for the city as a whole; the disparity among the workers only would be higher. That this leads to grave social problems cannot be denied, especially in a tropical country where marriages take place at an early age and family life is cherished. The moral restraints of the village are removed; the result is an increase of disease and prostitution. The worker when he returns to his village tends to introduce disease there also. Again, the worker may have to prepare his own meals. He will take one meal very early before going to work, cold probably, being cooked the previous night, and his main meal in the evening. Conditions in the factory may not be good and are certainly very different from the open-air life of the peasant. In any case, the general standard of living being so low, he will have little vitality to face the strain of heavy manual work.

It is not easy to secure the statistics of death and disease for the working class alone, but, as we have seen, the average expectation of life in India is tragically low. The death-rate for the whole of Bombay is something like 220 per 1,000, but it will be much higher in the working-class areas. I have been told that infantile mortality among the workers is 400 per 1,000, and Freda Utley *(Lancashire and the Far East]* puts the figure as high as 600 per 1,000 in the *chawls.* There is no doubt that the practice of administering opium to infants contributes to the death rate. Little research has been made yet into occupational diseases; and R.C.L. stated that there is need for far more comprehensive Public Health Acts in every province. But, quite apart from the insult to the dignity of man involved in the horrible conditions at which I have only hinted, they have the effect of reducing the efficiency